



Borough of Watchung

BOARD OF HEALTH

For Office Use Only

License Number: _____

License Year: _____

Payment Amount: _____

APPLICATION FOR LICENSING OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

EXPIRES: January 31ST (of every year)**FEE SCHEDULE:**Pet Shop Annual Renewal: **\$ 10.00**Kennel Annual Renewal: **\$ 25.00**Annual Health Inspection: **\$ 100.00****Total Due with Application: \$ _____**

(Check Payable to Borough of Watchung)

Name of Applicant: _____

Applicant Address: _____

Phone: _____ Email: _____

NJ Certificate of Authority of Federal ID Number: _____

If Partnership or Corporation, provide the name and home address of all partners, stockholders or officers: _____

Name of Business: _____

Type of Business: _____

Address of Business: _____

Business Phone: _____ Business Email: _____



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THE APPLICANT HEREBY AGREES TO ABIDE BY THE TERMS SET FORTH IN THE CODE OF THE BOROUGH OF WATCHUNG, NJ, CHAPTER 10-3 "DOGS", ADOPTED APRIL 13, 1972.

Applicant Signature

Date

Board of Health Inspection and Approval

Date

Sworn and Subscribed to Before Me On

This _____ Day of _____, 20_____

Notary Public of New Jersey